

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:027800004		CITY OR TOWN	DENNIS	
APPLICATION FO	OR RENEWAL:	Seasonal CLASS	LICEN	ISED FOR 2013 YEAR	
	EBB TIDE BY THE	E SEA, INC.			
ADDRESS 94 CHA	ASE AVE.				
CITY/TOWN: DE	NNIS	STATE: MA	ZIP CODE:	02639	
MANAGER: MC PAU	CORMICK, TYPI UL R.	E OF LICENSE:1	Restaurant C	ATEGORY: All Alcohol	
EMAIL ADDRESS	:	_			
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOU	R EMAIL ADDRESS		
	F LICENSED PREMIS				
FOUR DINING ROO ON ONE FLOOR	MS,BAR,KITCHEN,TW	O COCKTAIL LO	UNGES, OUTSIDE TEI	RRACE AND STORAGE	
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of the	he same type for t	the same premises nov	v licensed;	
2. the licen	see has complied with	all laws of the Co	mmonwealth relating	to taxes; and	
3. the prem	nises are now open for b	ousiness (If not ex	plain below)		
_					
SIGNED BY:	In P. 11 of December	A d 1 G.	000		
	Individual, Partner	or Authorized Co.	rporate Officer		
]
DATE:	TELEPHONE	F NIIMBER:	EMPLOYE	R IDENTIFICATION NUMBER:	-
	TEELITION	THOMBER.	(Note: NOT In	dividual Social Security Number)	
Acts of 2004, signe	ed by the building insp	pector and the h	ead of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICEN	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)				
DATE.					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 027800007		CITY OR TOWN	N DENNIS	
APPLICATION FO	OR RENEWAL:	Seasonal	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: BLOSSOM,LLC				
DOING BUSINESS	S A PELHAM HOU	SE RESORT			
ADDRESS 14 SEA	STREET				
CITY/TOWN: DE	ENNIS	STATE: MA	ZIP CODE:	02639	
	CCARTHY, TY BERT M.	PE OF LICENSE: Re	estaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREM	ISES:			
PELHAM HOUSE R GROUNDS.	ESORT; SERVICE AN	VD STORAGE IN BAS	EMENT SWIMMING	3 POOL AND	
I hereby certify and	l swear under penaltie	es of perjury that:			
1. the rene	wed license will be of	f the same type for th	e same premises no	w licensed;	
2. the licen	nsee has complied wit	h all laws of the Com	monwealth relating	to taxes; and	
3. the prem	nises are now open fo	r business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	Security Number)
Acts of 2004, sign	ned, attest that we ar ed by the building in d (2) the certificate o	nspector and the hea	nd of the fire depar	rtment for the	e above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	lain)		-		
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02780	0009	CITY OR TOWN DENNIS
APPLICATION FOR RENE	WAL: Seasonal	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: DENN	IS YACHT CLUB, INC.	
DOING BUSINESS A		
ADDRESS 4 HARBOR ROA	AD	
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02641
MANAGER: DUNN, JOSE	EPH P. TYPE OF LICENSE:Clu	b CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTION OF LICENS	SED PREMISES:	
THREE ROOMS ON ONE FLO	OOR, 2 RMS ON SECOND FLOOR.	
I hereby certify and swear un-	der penalties of perjury that:	
1. the renewed licens	se will be of the same type for the	same premises now licensed;
2. the licensee has co	omplied with all laws of the Comm	nonwealth relating to taxes; and
3. the premises are n	ow open for business (If not expla	ain below)
SIGNED BY:	dual, Partner or Authorized Corpo	prote Officer
marvio	dual, Farmer of Authorized Corpo	mate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	TELLI HONE NOMBER.	(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the	building inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	027800010		CITY OR TOWN	DENNIS	
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE LIGHTHOUS	SE INN, INC.			
DOING BUSINESS A	LIGHTHOUSE II	NN			
ADDRESS 12 LIGHT	HOUSE RD.				
CITY/TOWN: DENN	NIS	STATE: MA	ZIP CODE:	02670	
MANAGER: STON	E, GREGORY TYP	PE OF LICENSE: Inn	holder C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:			
CONSISTING OF INN I POOL AND DECK. THI				AND SWIMM	IING
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of	the same type for the	same premises nov	licensed;	
2. the licensee	has complied with	all laws of the Com	nonwealth relating	to taxes; and	
3. the premise	s are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT	
			(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	spector and the head	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					
~					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

ADDITION FOR DELIVERY	IIS
APPLICATION FOR RENEWAL: Seasonal LICENSED FO	PR 2013
CLASS	YEAR
LICENSEE NAME: COCONUT CLUB, INC. DOING BUSINESS A WEST DENNIS SAND BAR	
ADDRESS 33 LIGHTHOUSE RD.	
CITY/TOWN: DENNIS STATE: MA ZIP CODE: 02670)
MANAGER: MURPHY, TYPE OF LICENSE:Restaurant CATEGOI ANDREW	RY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
WOODEN BUILDING WITH ONE RM & 1 STORE RM. TO EXTEND THE LIQUOR LICENSE SOUTHWEST SIDE OF THE BLDG. TO ACCOMODATE SMOKING GUESTS.	TO THE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed	1;
2. the licensee has complied with all laws of the Commonwealth relating to taxes;	and
3. the premises are now open for business (If not explain below)	
SIGNED BY:	
SIGNED BY: Individual, Partner or Authorized Corporate Officer	
	Ī
	FICATION NUMBER:
Individual, Partner or Authorized Corporate Officer	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFIED	hapter 304 of the r the above
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual So We the undersigned, attest that we are in possession (1) the certificate required by Cl Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter	hapter 304 of the r the above r 116 of the Acts
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual So) We the undersigned, attest that we are in possession (1) the certificate required by Cl Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010.	hapter 304 of the r the above r 116 of the Acts
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual So) We the undersigned, attest that we are in possession (1) the certificate required by CI Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010. Please Check Below: APPROVED: DISAPPROVED: By:	hapter 304 of the r the above r 116 of the Acts
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual So) We the undersigned, attest that we are in possession (1) the certificate required by CI Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010. Please Check Below: APPROVED: LOCAL LICENSING AUAPPROVED: By:	hapter 304 of the r the above r 116 of the Acts
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual So) We the undersigned, attest that we are in possession (1) the certificate required by CI Acts of 2004, signed by the building inspector and the head of the fire department for named license and (2) the certificate of liquor liability insurance required by Chapter of 2010. Please Check Below: APPROVED: DISAPPROVED: By:	hapter 304 of the r the above r 116 of the Acts



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	027800014		CITY OR TOW	N DENNIS	
APPLICATION FOR	RENEWAL:	Seasonal	LICE	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 228 LOW	ER COUNTRY RD				
CITY/TOWN: DEN	NIS	STATE: MA	ZIP CODE:	02639	
MANAGER: MULI F.	LEN, JAMES TYP	E OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
DINING ROOM, SCRE ARE LOCATED IN FRO CORNER OF BUILDIN	ONT OF BUILDING,			LOUNGE ARE CIT IN THE SOU	
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewed	d license will be of t	he same type for the	e same premises no	ow licensed;	
2. the licensee	e has complied with	all laws of the Com	monwealth relatin	g to taxes; and	
3. the premise	es are now open for l	ousiness (If not exp	lain below)		
-					
SIGNED BY:					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOY	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	pector and the hea	d of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
					<u></u>
DATE:					
טוווט.					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

	:027800016	(CITY OR TOWN	DENNIS	
APPLICATION FOR	RENEWAL:	Seasonal	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	BURELL RESTAU	RANT CORP.			
DOING BUSINESS	A SWAN RIVER RE	EST.			
ADDRESS 5 LOWE	R COUNTY ROAD				
CITY/TOWN: DEN	NIS	STATE: MA	ZIP CODE:	02639	
MANAGER: BURN	NS, ALBERT CTYPI	E OF LICENSE: Resta	nurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EMA	IL ADDRESS		1
DESCRIPTION OF I	LICENSED PREMISI	ES:			
NEW 20'X 20' ENCLOS SERVICE OF FOOD A		OUTH WEST CORNE	R OF THE BUILDI	NG FOR THE	
I hereby certify and sv	wear under penalties o	of perjury that:			
1. the renewe	ed license will be of the	he same type for the sa	ame premises now	licensed;	
2. the license	ee has complied with a	all laws of the Commo	onwealth relating to	taxes; and	
3. the premis	ses are now open for b	ousiness (If not explain	n below)		
SIGNED BY:			0.07		
SIGNED BY:	Individual, Partner of	or Authorized Corpora	ate Officer		
SIGNED BY:	Individual, Partner o	or Authorized Corpora	ate Officer		
				IDENTIFICATE	ION MUMBER
SIGNED BY: DATE:	Individual, Partner of TELEPHONE		EMPLOYER		ION NUMBER:
DATE: We the undersigned Acts of 2004, signed	TELEPHONE I, attest that we are i I by the building insp		EMPLOYER (Note: NOT Ind	ividual Social S	er 304 of the above
DATE: We the undersigned Acts of 2004, signed named license and (TELEPHONE I, attest that we are i I by the building insp	E NUMBER: in possession (1) the opector and the head o	EMPLOYER (Note: NOT Ind	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	TELEPHONE I, attest that we are i I by the building insp	E NUMBER: in possession (1) the opector and the head o	EMPLOYER (Note: <u>NOT</u> Ind certificate require of the fire departs ance required by	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE I, attest that we are i by the building insp 2) the certificate of l	E NUMBER: in possession (1) the opector and the head o	EMPLOYER (Note: NOT Indicertificate require of the fire department o	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED:	TELEPHONE I, attest that we are i by the building insp 2) the certificate of l	E NUMBER: in possession (1) the opector and the head o	EMPLOYER (Note: NOT Indicertificate require of the fire department o	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersigned Acts of 2004, signed named license and (of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE I, attest that we are i by the building insp 2) the certificate of l	E NUMBER: in possession (1) the opector and the head o	EMPLOYER (Note: NOT Indicertificate require of the fire department o	ed by Chapte nent for the Chapter 116	er 304 of the above of the Acts



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800021	C	CITY OR TOWN DENNIS
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: SEA VIEW HOLD	OINGS, LLC	
DOING BUSINESS A IMPROPER/PRO	PER BOSTONIAN	
ADDRESS 626 MAIN ST., RTE. 28		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02639
MANAGER: ASHMORE, TYPE WILLIAM P.	PE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
MAIN FLOOR: LOUNGE AREA, KITCHEN BASEMENT; ONE ROMM AND RESTROC		D FLOOR: STORAGE AND OFFICE
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of	the same type for the sa	ame premises now licensed;
2. the licensee has complied with	all laws of the Commo	nwealth relating to taxes; and
3. the premises are now open for	business (If not explain	n below)
SIGNED BY:		
Individual, Partner	or Authorized Corpora	tte Officer
D 4 777		
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head o	certificate required by Chapter 304 of the of the fire department for the above once required by Chapter 116 of the Acts
of 2010.		
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION F	BER: 027800055			
	FOR RENEWAL:	Seasonal	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: BUFFALO I	LTD, INC.		
DOING BUSINE	ESS A GINA'S HO	OUSE		
ADDRESS 134 T	TAUNTON AVE			
CITY/TOWN: L	DENNIS	STATE: MA	ZIP CODE:	02638
MANAGER: R	ILEY, LARRY	TYPE OF LICENSE:In	nholder	CATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	ST FLOOR; KITCI RONT OF BUILDI	HEN, TWO DINING ROOMS		
I hereby certify ar	nd swear under pe	enalties of perjury that:		
		be of the same type for the	-	
	_	ed with all laws of the Com		g to taxes; and
3. the pre	emises are now op	pen for business (If not expl	lain below)	
SIGNED BY:	Individual, I	Partner or Authorized Corp	orate Officer	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICATION NUMBER: Individual Social Security Number)
We the undersig Acts of 2004, sig	gned, attest that y	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> ne certificate requ nd of the fire depa	Individual Social Security Number) ired by Chapter 304 of the
We the undersig Acts of 2004, sig named license at of 2010.	gned, attest that v gned by the build nd (2) the certific	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> ne certificate requ nd of the fire depa urance required b	ired by Chapter 304 of the rtment for the above
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED:	gned, attest that vaned by the build nd (2) the certific	we are in possession (1) thing inspector and the hea	(Note: <u>NOT</u> ne certificate requ nd of the fire depa urance required b	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED: DISAPPROVED:	gned, attest that y gned by the build nd (2) the certific	we are in possession (1) thing inspector and the hea	(Note: NOT ne certificate requ d of the fire depa urance required b	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED:	gned, attest that y gned by the build nd (2) the certific	we are in possession (1) thing inspector and the hea	(Note: NOT ne certificate requ d of the fire depa urance required b	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts
We the undersig Acts of 2004, sig named license at of 2010. Please Check Below: APPROVED: DISAPPROVED:	gned, attest that y gned by the build nd (2) the certific	we are in possession (1) thing inspector and the hea	(Note: NOT ne certificate requ d of the fire depa urance required b	ired by Chapter 304 of the rtment for the above by Chapter 116 of the Acts



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 027800082		CI	ΓY OR TOWN	DENNIS	
APPLICATION FOR	R RENEWAL:	Seaso	nal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	CAROL B LIVIN	GSTONE				
DOING BUSINESS	A ONE STOP					
ADDRESS 168 LOV	VER COUNTY RO	AD				
CITY/TOWN: DEN	INIS	STATE:	MA	ZIP CODE:	02639	
MANAGER:	TY	PE OF LICEN	SE:Package	e Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	R YOUR EMAIL	ADDRESS		
DESCRIPTION OF						
1800 SQ. FT WOOD F TWO (ONE ON EACH REMAINING USED F	I SIDE OF SALES AI	REA) ARE USE	D FOR ENT	RANCE AND EC	GRESS AND T	AREA- THE
I hereby certify and s	wear under penaltie	s of perjury tha	at:			
1. the renew	ed license will be of	f the same type	for the sam	e premises now	licensed;	
	ee has complied wit			_	o taxes; and	
3. the premis	ses are now open for	r business (If n	ot explain b	elow)		
SIGNED BY:	Individual, Partne	er or Authorize	d Corporate	Officer		
	11101 / 100011, 1 010110		a corporate			
DATE:	TELEPHON	NE NUMBER:		EMPLOYER	DENTIFICAT	ION NUMBER:
	TEEEI IIO	VE IVONIBER.		(Note: NOT Ind	ividual Social S	ecurity Number)
n. « n.						
Please Check Below: APPROVED:				OCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			Б	y:		
(If disapproved expla	nin)		=			
			-			
			-			
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:027800105		CITY OR TO	OWN	DENNIS	
APPLICATION FOR	RENEWAL:	Seasonal	L	ICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	H & M RESTAUR	ANT CORP				
DOING BUSINESS A	A THE WOODEN	SHOE				
ADDRESS 419 LOW	ER COUNTRY RO	AD,				
CITY/TOWN: DEN	NIS	STATE: N	IA ZIP COD	E:	02639	
MANAGER: SPEE	RS, ROBERT TYP	PE OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF I	LEASE ALSO VISIT OUR WI LICENSED PREMIS		UR EMAIL ADDRESS			
2. the license	wear under penalties and license will be of the has complied with the are now open for	the same type for all laws of the C	ommonwealth rela			
SIGNED BY:	Individual, Partner	or Authorized C	orporate Officer			
DATE:	TELEPHON	E NUMBER:				TION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	spector and the	head of the fire d	epartn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LI By:	CENS	ING AUTHO	ORITY
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02	7800114		CITY OR TO	WN DENNIS	
APPLICATION FOR RE	ENEWAL:	Seasonal	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: SA	AND DOLLAR B	AR & GRILLE, IN	IC		
DOING BUSINESS A S	SAND DOLLAR	BAR & GRILL			
ADDRESS 244 LOWER	COUNTY RD				
CITY/TOWN: DENNIS	S	STATE: MA	ZIP CODI	E: 02639	
MANAGER: O'DONN TERENC		E OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMIS	ES:			
SINGLE FLOOR 86 SEAT WALL SEPARATED POT					HEN WITH
I hereby certify and swea	r under penalties	of perjury that:			
1. the renewed li	icense will be of t	he same type for th	e same premises	now licensed;	
2. the licensee ha	as complied with	all laws of the Con	nmonwealth relat	ing to taxes; and	
3. the premises a	are now open for b	business (If not exp	olain below)		
SIGNED BY:	dividual Dartner	or Authorized Corp	agrata Officer		
1111	dividual, r artiler	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NILIMDED.	EMPL	OYER IDENTIFICAT	ΓΙΟΝ NUMBER·
	TELEFIIONI	E NUMBER.		T Individual Social S	
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building ins	pector and the he	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800116		CITY OR TOWN DENNIS	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: JOSE N. CARDIL	LO		
DOING BUSINESS A PARADISE PIZ	ZA		
ADDRESS 74 SCHOOL ST			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02670	
MANAGER: CARDILLO, JOSE NTY	PE OF LICENSE:Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION OF LICENSED PREMI			
FULL DINING ROOM WITH SEATING FO DOOR AND BACK DOOR. BOTH DOORS		WITH 2 PIZZA OVENS. FRONT I	OOUBLE
2. the licensee has complied with 3. the premises are now open for SIGNED BY: Individual, Partner		ain below)	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICAT	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the hea	d of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 027800117		CITY OR TOWN	DENNIS	
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAILING COW C	CORP			
DOING BUSINESS	A SAILING COW				
ADDRESS 170 OLI	O WHARF RD				
CITY/TOWN: DE	NNIS	STATE: MA	ZIP CODE:	02670	
MANAGER: JESS	SUP, SANDRA TY	PE OF LICENSE:Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
		EATS INSIDE. 126 FT DG. PROVIDE SERVI			
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	the same type for the	e same premises nov	w licensed;	
2. the licens	see has complied with	h all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open for	r business (If not exp	lain below)		
-					
SIGNED BY:					
	Individual, Partne	r or Authorized Corp	orate Officer		
D. 1. 17. 17. 17. 17. 17. 17. 17. 17. 17.					
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT ndividual Social S	
			(Note. <u>NOT</u> III	idividuai Sociai S	security Number)
Acts of 2004, signe	d by the building in	e in possession (1) the espector and the hear f liquor liability ins	nd of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	• ,				
(If disapproved expl	ain)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800122		CITY OR TOWN DENNIS
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ARGYRIADIS	S CORP	
DOING BUSINESS A KREAM N'K	ONE RESTAURANT	
ADDRESS 961 MAIN ST		
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02670
MANAGER: ARGYRIADIS, ANGELO	TYPE OF LICENSE: Rest	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PRE		EA, RESTROOMS, WALK IN COOLER
I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now oper	e of the same type for the s with all laws of the Comm	nonwealth relating to taxes; and
SIGNED BY: Individual, Par	rtner or Authorized Corpor	rate Officer
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildin	g inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disappioved explain)		
DATE:		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02	27800128		CITY OR TOWN	DENNIS	
APPLICATION FOR R	ENEWAL:	Seasonal	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A	.B. PIZZA				
DOING BUSINESS A	ROYAL PIZZA				
ADDRESS 374 LOWER	R COUNTY RD.				
CITY/TOWN: DENNI	S	STATE: MA	ZIP CODE:	02638	
MANAGER: Bollores	t, Apostolos TYPE	OF LICENSE:Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC freestand w/ entrance/exits I hereby certify and swe 1. the renewed 2. the licensee h 3. the premises	located at the front sid	e and rear; outdoor perjury that: same type for the laws of the Com siness (If not exp	r patio. e same premises now monwealth relating the		
DATE:	TELEPHONE N	NUMBER:			CION NUMBER:
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building inspe	ctor and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:027800130		CITY OR TOWN	N DENNIS	
APPLICATION FOR	RENEWAL:	Seasonal	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	M & D PACKET C	ORPORATION			
DOING BUSINESS A	A WEE PACKET				
ADDRESS 79 DEPO	T ST				
CITY/TOWN: DEN	NIS	STATE: MA	ZIP CODE:	02639	
MANAGER: SHOP M.	RTT, MEGAN TYP	E OF LICENSE:1	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	LEASE ALSO VISIT OUR WE LICENSED PREMIS		R EMAIL ADDRESS		
2. the license		all laws of the Co	the same premises nor mmonwealth relating aplain below)		
SIGNED BY:	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHONI	E NUMBER:			FION NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	pector and the h	ead of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	SING AUTH	ORITY
(If disapproved explai	n)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 027800138		CITY OR TO	WN DENNIS	
APPLICATION FOR	R RENEWAL:	Seasonal	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	SUMMER SHAN	TY, INC			
DOING BUSINESS	A SUMMER SHA	NTY			
ADDRESS 140 MA	IN ST				
CITY/TOWN: DEN	INIS	STATE: MA	ZIP CODI	E: 02670	
MANAGER: KEE	FE, DANIEL T. TY	PE OF LICENSE:R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		<u></u>
DESCRIPTION OF					
BUILDING LOCATEI DECK				Q FT WITH A 40 	00 SQ FT
I hereby certify and s	•				
		f the same type for the h all laws of the Con	•		1
	=	r business (If not exp		ing to taxes, and	1
		t ousmoss (if not exp			
SIGNED BY:					
	Individual, Partne	r or Authorized Corp	porate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA	
			(Note: NO	T Individual Social	Security Number)
We the undersigned					
Acts of 2004, signed named license and					
of 2010.	(2) the certificate o	i inquor nability ilis	surance required	1 by Chapter 11	to of the Acts
Please Check Below:			LOCAL LIC	ENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800141		CITY OR TOWN DI	ENNIS
APPLICATION FOR RENEWAL:	Seasonal	LICENSEL	FOR 2013
	CLASS		YEAR
LICENSEE NAME: POUND PONE	ASSOCIATES INC		
DOING BUSINESS A THE SEA VI	EW		
ADDRESS 76 CHASE AVENUE			
CITY/TOWN: DENNIS	STATE: MA	ZIP CODE: 02	2639
MANAGER: MCCORMICK, PAUL R	TYPE OF LICENSE:Res	taurant CATE	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
1 FRONT AND 3 REAR EXITS AND BE KITCHEN, TERRACE, RESTROOMS, 2			
I hereby certify and swear under penal		,	
1. the renewed license will be		same premises now lice	ensed;
2. the licensee has complied v	* *	•	
3. the premises are now open	for business (If not expla	in below)	
SIGNED BY:			
Individual, Par	tner or Authorized Corpo	rate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDE	ENTIFICATION NUMBER:
		(Note: NOT Individu	ual Social Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire departmen	it for the above
Please Check Below:		LOCAL LICENSING	G AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:027800142	(CITY OR TOWN	DENNIS	
APPLICATION FO	R RENEWAL:	Seasonal	LICENS	SED FOR 20	13
		CLASS		•	YEAR
	JNW ENTERPRIS A JOEY'S PIZZERI				
ADDRESS 197 LO	WER COUNTY ROA	AD.			
CITY/TOWN: DE	NNIS	STATE: MA	ZIP CODE:	02639	
	EPH N. TYI RZANSKI	PE OF LICENSE: Resta	urant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS		
	LICENSED PREMIS TH 2 EXITS-ENTRANCE	SES: CES TO DINING ROOM	-RESTROOM IN DI	NING ROOM	
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of	the same type for the sa	ame premises now	licensed;	
2. the licens	see has complied with	all laws of the Commo	nwealth relating to	taxes; and	
3. the premi	ises are now open for	business (If not explain	n below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpora	ite Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Indi	IDENTIFICATI vidual Social Se	
Acts of 2004, signe	d by the building in	e in possession (1) the o spector and the head of I liquor liability insura	of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	am)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 027800144		CITY OR TOW	'N DENNIS	
APPLICATION FO	OR RENEWAL:	Seasonal	LICI	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: Michael Pearson S A Harvest Gallery				
ADDRESS 776 Ma					
CITY/TOWN: DI	ENNIS	STATE: MA	ZIP CODE:	02660	
MANAGER: Pea	rson, Michael TYF	PE OF LICENSE:Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
		EBSITE AND ENTER YOUR E	MAIL ADDRESS		
	F LICENSED PREMIS				
	sement kitchen, entrance ENT KITCHEN, FRONT			SEAT MAIN FLO	JOR
I hereby certify and	l swear under penalties	of perjury that:			
1. the rene	ewed license will be of	the same type for the	same premises n	ow licensed;	
2. the licer	nsee has complied with	all laws of the Comr	nonwealth relatin	g to taxes; and	
3. the pren	nises are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOY	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, sign	ned, attest that we are ned by the building ins d (2) the certificate of	spector and the head	d of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					
*					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 027800146		CITY OR TOWN	DENNIS	
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
	OSR SEAFOOD IN		.TCD		
	A ORIGINAL SEAL	-OOD RESTAURAL	N1		
ADDRESS 527 MA					
CITY/TOWN: DEN	NNIS	STATE: MA	ZIP CODE:	02660	
MANAGER: EUR	ENIUS, SCOTTTYF	'E OF LICENSE:Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
	LICENSED PREMIS				
	JILDING,30000 SQUA		IO BASEMENT;4 EX	ITS, 2 HAND	ICAP
•	swear under penalties	1 5 6			
	red license will be of		=		
	ee has complied with		•	o taxes; and	
3. the premi	ses are now open for	business (If not expla	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins (2) the certificate of	spector and the head	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [•		
(If disapproved explain	ain)				
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	027800151		C	ITY OR TOW	'N DENNIS	
APPLICATION FOR	RENEWAL:	Seaso	nal	LICI	ENSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: O						
ADDRESS 66 SCHOO	OL STREET					
CITY/TOWN: DENN	VIS .	STATE:	MA	ZIP CODE:	02660	
MANAGER: LANZO	ONI, DEBRA TYPE	OF LICEN	SE:Packa	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
2. the licensee	ear under penalties of l license will be of the has complied with al s are now open for bu	e same type	for the sa	nwealth relatin		
SIGNED BY:	Individual, Partner or	r Authorized	d Corpora	te Officer		
DATE:	TELEPHONE	NUMBER:			ZER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:027800154		C	ITY C	R TOW	VN	DENNIS	
APPLICATION FOR	R RENEWAL:	Season CLAS			LIC	ENS	ED FOR 2	2013 YEAR
ADDRESS 36 HOPE	A SUMMER STOCK E LANE							T LA III
CITY/TOWN: DEN		STATE:			CODE:		02660	
Г	N, BEVERLY TYPE	OF LICEN	SE:Restau	ırant		CA	TEGORY	: All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEBSI							
A FREE STANDING F PREMISES HAS A MA ROOM, BAR, LOUNG THREE ENTRANCES	LICENSED PREMISES RESTAURANT ON A 22 AXIMUM CAPACITY OF E AND COFFEE AREA, AND TWO EXITS IN THE D RESTROOMSTHE PROPERTY OF	ACRE CAM F 121 SEAT THREE EN HE LOUNGI	STHE PR TRANCES E, STORAG	EMISI S AND GE IN	ES CONS EXITS I THE BA	SIST IN T ASEM	S OF ONE HE DINING MENT, OFF	DINING G ROOM,
 the renewa the license 	wear under penalties of ed license will be of the ee has complied with all ses are now open for bu	same type laws of the	for the sar Commor	nwealt	h relatin			l
SIGNED BY:	Individual, Partner or	Authorized	Corporat	te Offi	cer			
DATE:	TELEPHONE I	NUMBER:		(No				ATION NUMBER: Security Number)
Acts of 2004, signed	I, attest that we are in I by the building inspe (2) the certificate of liq	ctor and th	e head of	f the f	ire depa	artn	nent for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)			LOCA By:	L LICE	ENSI	NG AUTI	HORITY
DATE:								



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027800157			CITY OR TOWN DENNIS		
APPLICATION	FOR RENEWAL:	Seasonal CLASS	LICENSED F	FOR 2013 YEAR	
	ME: FRANK R. M JESS A NORTHSID				
ADDRESS 138	1 ROUTE 134				
CITY/TOWN:	DENNIS	STATE: MA	ZIP CODE: 026	60	
	MANOLI, FRANK R.	TYPE OF LICENSE: Pac	kage Store CATEG	ORY: All Alcohol	
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
SINGLE STORY		EMISES: NING 3055 SQ FT OF INTE KITS FRONT LEFT AND RI			
2. the 1	icensee has complied premises are now ope	the of the same type for the with all laws of the Comran for business (If not explanation or Authorized Corporation)	nonwealth relating to taxe ain below)		
	marviduai, i a	The of Authorized Corpe	rate Officer		
DATE:	TELEP	HONE NUMBER:		TIFICATION NUMBER: Social Security Number)	
Please Check Below APPROVED: DISAPPROVE (If disapproved	 D:		LOCAL LICENSING A By:	AUTHORITY	
DATE:					